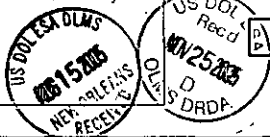


For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Signature

Signed

On

8/11/2005

Date _____

(504) 897-6203

Telephone Number _____

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROBEIN, URANN & LURYE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2540 SEVERN AVE

City METAIRIE

State Louisiana

ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

UNION'S LAW FIRM

11.b. Approximate dollar value of such dealing.

\$36,000

12.a. Nature of interest held or income received.

CHRISTMAS GIFT BASKET

12.b. Amount.

\$32

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

\$0

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROBEIN, URANN & LURYE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2540 SEVERN AVE

City METAIRIE

State Louisiana ZIP Code + 4 70002

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NEW ORLEANS EMPLOYERS-ILA PWV&H FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 147 CARONDELET ST STE 300

City NEW ORLEANS

State Louisiana ZIP Code + 4 70130

11.a. Nature of such dealing.

PWV&H FUNDS CO-COUNSEL

11.b. Approximate dollar value of such dealing.

\$103,000

12.a. Nature of interest held or income received.

CHRISTMAS GIFT BASKET (PREVIOUSLY REPORTED)

12.b. Amount.

\$32

Name of Person Filing JAMES CAMPBELL

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NEW ORLEANS EMPLOYERS-ILA PWV&H FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 147 CARONDELET ST STE 300

City NEW ORLEANS

State Louisiana ZIP Code + 4 70130

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

UNION IS CO-SPONSOR OF BENEFIT PLANS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS PLANS
ANNUAL CONFERENCE REGISTRATION FEE DECEMBER 1-4,
2004

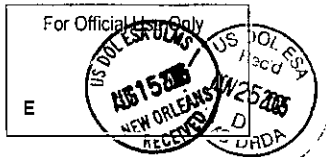
12.b. Amount.

\$915

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13336	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name JAMES <input type="radio"/> CAMPBELL P.O. Box, Bldg., Room No., if any Street 2700 S CLAIBORNE AVE City NEW ORLEANS State Louisiana ZIP Code + 4 70125-3923	4. Name, file number, and address of labor organization. Name SOUTH ATLANTIC & GULF COAST DISTRICT, ILA Labor Organization File Number 017-062 P.O. Box, Building and Room Number, if any Street 1827 THE STRAND City GALVESTON State Louisiana ZIP Code + 4 77550
5. Position in labor organization. VICE PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <i>James P. Campbell</i>	On 8/11/2005 Date	(504) 897-6203 Telephone Number

Name of Person Filing JAMES CAMPBELL

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROBEIN, UPANN & LURYE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2540 SEVERN AVE

City METAIRIE

State Louisiana ZIP Code + 4 70002

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LAW FIRM HAS PROVIDED LEGAL SERVICES

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

CHRISTMAS GIFT BASKET DECEMBER 2004
(PREVIOUSLY REPORTED FOR LABOR ORGANIZATION FILE
NUMBER 513-292)

12.b. Amount.

\$32

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NEW ORLEANS EMPLOYERS-ILA PWV&H

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 147 CARONDELET ST STE 300

City NEW ORLEANS

State Louisiana ZIP Code + 4 70130

14.a. Nature of payment.

INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS
ANNUAL CONFERENCE REGISTRATION FEE, DECEMBER 1-4,
2004
(PREVIOUSLY REPORTED FOR LABOR ORGANIZATION FILE
NUMBER 513-292)13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$915

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

U.S. DOLESA
Rec'd
NOV 25 2005
NEW ORLEANS
O.M.S.
D. DRDA

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> Through: <input type="text"/> / <input type="text"/> / <input type="text"/>
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> CAMPBELL P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 2700 S CLAIBORNE AVE City <input type="text"/> NEW ORLEANS State <input type="text"/> Louisiana ZIP Code + 4 <input type="text"/> 70125-3923	4. Name, file number, and address of labor organization. Name <input type="text"/> INTERNATIONAL LONGSHOREMEN'S ASSOCIATION Labor Organization File Number <input type="text"/> 000-104 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 17 BATTERY PL STE 930 City <input type="text"/> NEW YORK State <input type="text"/> New York ZIP Code + 4 <input type="text"/> 10004
5. Position in labor organization. <input type="text"/> VICE PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/> \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed James O. Campbell On 8/11/2005 (504) 897-6203
Date Telephone Number

Name of Person Filing JAMES CAMPBELL	File Number U-
--------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name ROBEIN, URANN & LURYE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2540 SEVERN AVE</p> <p>City METAIRIE</p> <p>State Louisiana ZIP Code + 4 70002</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>LAW FIRM HAS PROVIDED LEGAL SERVICES</p> <p>11.b. Approximate dollar value of such dealing. \$21,500</p> <p>12.a. Nature of interest held or income received.</p> <p>CHRISTMAS GIFT BASKET DECEMBER 2004 (PREVIOUSLY REPORTED FOR LABOR ORGANIZATION FILE NUMBER 513-292)</p> <p>12.b. Amount. \$32</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name NEW ORLEANS EMPLOYERS-ILA PWV&H</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 147 CARONDELET ST STE 300</p> <p>City NEW ORLEANS</p> <p>State Louisiana ZIP Code + 4 70130</p>	<p>14.a. Nature of payment.</p> <p>INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS ANNUAL CONFERENCE REGISTRATION FEE, DECEMBER 1-4, 2004 (PREVIOUSLY REPORTED FOR LABOR ORGANIZATION FILE NUMBER 513-292)</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$915</p>